



National
Aeronautics and
Space
Administration

Position Description

1. POSITION NO.

2. REASON FOR POSITION DESCRIPTION

- ☐ a. REDESCRIPTION
- ☐ b. NEW
- ☐ c. REESTABLISHMENT
- ☐ d. OTHER (Specify) _____
- ☐ e. REPLACES P.D. NUMBER _____

3. NAME AND LOCATION OF EMPLOYING NASA ACTIVITY

4. DUTY LOCATION

5. ORGANIZATION (All breakdowns, in descending order)

6. CLASSIFICATION

a. NASA CLASSIFICATION

b. OPM TITLE, SERIES AND GRADE

7. FLSA STATUS

- ☐ a. EXEMPT
- ☐ b. NON-EXEMPT

8. SENSITIVITY

- ☐ a. NON-SENSITIVE
- ☐ b. CRITICAL SENSITIVE
- ☐ c. NONCRITICAL SENSITIVE
- ☐ d. SPECIAL SENSITIVE

9. OPM-FUNCTIONAL CODE

10. INSTALLATION OPTION

11. OFFICIAL POSITION CERTIFICATION

I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. TYPED NAME OF IMMEDIATE SUPERVISOR

b. SIGNATURE

c. DATE

12. CLASSIFICATION/JOB GRADING CERTIFICATION

I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

a. NAME AND TITLE OF AUTHORIZED CLASSIFYING OFFICIAL

b. SIGNATURE

c. DATE

13. POSITION CLASSIFICATION REVIEW (Initials and date)

14. DISTRIBUTION

a. SUPERVISOR

- a. EMPLOYEE
- b. OPF
- c. SUPERVISOR

b. CLASSIFICATION OFFICIAL

- d.
- e.
- f.

14. DUTIES AND RESPONSIBILITIES (Continue on separate sheets if necessary)